

HOSPICE: OPPORTUNITY FOR THE MILITARY COMMUNITY

Can the final days of the terminally ill be made more meaningful? Until recently few options have been available to persons needing a warm and understanding atmosphere in which to spend the dying phases of an incurable disease.¹ "But that is changing. A new concept in caring for the terminally ill known as "Hospice" has captured the attention of a great many persons."²

Hospice has emerged as an alternative to the loneliness, isolation and institutionalization usually associated with a person's care during the final stages of illness.^{3,4,5,6} "In the Hospice, the center has shifted from the disease to the patient, from the pathology to the person (with the purpose of bringing relief and establishing) an environment in which there is security, peace, and hope"⁷ in a setting other than the acute care (traditional) hospital.^{8,9,10,11}

Hospice supporters believe that "the end of life, which all must eventually face, need not be a frightening, unduly painful, lonely time; but can be (a meaningful, more dignified experience) supported by family and friends, in an atmosphere of love and concern."¹² "Hospice care, like life itself, is not a thing but a process, a process requiring assistance"¹³, giving "patients the care they need...(and) involving different, more personal skills than the hospital."¹⁴

The root of hospice is *hospes*: mutual caring of people for one another.¹⁵ Hospice, consequently, is a "type" of 'hospitality', that ordering of thing which allows each of us to be unique and separate individuals within a group which is bound by love.¹⁶ Following a visit to the New Haven Hospice, Joseph Califano reacted: "I came away realizing that Hospice is something more, far more; it is about living, a way of living

more fully and completely, embraced by human concern and support - up to, and through, the end of life."¹⁷

Basically there are three types of Hospice: In-hospital, Separate Institution, and Home. Most hospice programs at present are home care types.^{18,19,20,21} An excellent example of home hospice is the Connecticut Hospice, which has taken care of over 700 patients and their families in their homes since 1974.²² The New Haven Hospice is an impressive example of an institutional type with its modern 44 bed, \$3.5 million facility.²³ There is also the renowned St. Christopher's Hospice, London.²⁴ Pittsburgh Hospice has a successful in-hospital program,²⁵ as does Riverside Hospital, Newport News, Virginia.²⁶

The 'Home' hospice cares for the dying and their families in the familiarity and comfort of their own homes, surrounded by loved ones. The 'In-hospital' type has medical staff and special facilities close at hand at all times, with fewer demands on the family. In the 'Institution' (and 'Cottage') hospice, patients and family members share some of the same facilities. This arrangement affords them the immense comfort received through the support each can give the other.

I am convinced there is a real need and a unique opportunity, presently unmet, for hospice programs in support of military people, especially the retired. Large numbers of retired military families reside in communities adjacent to facilities where there is a hospital and the other conveniences they are entitled to as active or retired military personnel.

All of the necessary 'ingredients' to support a hospice program are present:

1. Concerned people. The military community is well known for its ability to respond to the special and traumatic needs of its own community.

2. Professional people. Medical, social service, counseling, and pastoral resources are readily available.

3. Structured social services. Agencies included are Army Community Services, Red Cross, Army Emergency Relief, and Community Life Centers. Services include social work, budget and credit counseling, handicapped, relocation, translating and interpreting, and consumer protection.

Any of the three types of Hospice is feasible and applicable in a military community setting. I believe Home hospice would be the most practical. On the other hand, an 'In-hospital' or 'Cottage' Hospice might be the most advantageous in a Veterans Administration hospital environment.

An added 'bonus' for a military community Hospice may well be improved community relations, counteracting the suspicion civilians often seem to harbor of the military community as primarily interested only in fostering a 'war machine' at the expense of civilian community involvement.

Is Hospice successful? Most indications say "Yes!"²⁷ A tangible indication of the success of the Hospice program of care has been the increasing percentage of patients enabled to die in their own homes.²⁸ Hospice is helping an 'old' human-caring-for-human concept (a basic Christian concept) to return to normal usage in the care of the terminally ill. Therefore it is as equally applicable for active duty and retired military persons and their families as it is for civilians.

A quote from Sandol Stoddard, and an example of Hospice 'success' will aptly conclude this paper.

"The modern hospice: a place of meeting, a way station, a place of transit, of arrival and departure. And yet how different from the airport, the hotel lobby, and the hospital. It is the difference in the quality of human life assumed and provided for. People in hospices...are helped to live fully in an atmosphere of loving kindness and grace until the time has come for them to die a natural death. It is a basic difference in attitude about the meaning and value of human life, and about the significance of death itself, which we see at work in the place called 'hospice'."²⁹

Widower James D. White wrote:

"(In 1977) my wife died of cancer. Because of Hospice of Marin, she reached the end of her life fully herself, with the same serenity that had distinguished her 65 years.... In the void that followed, Hospice of Marin helped me and dozens of other survivors of cancer patients to deal with loss and loneliness, to learn from and help each other.... The Hospice Movement impresses this newsman as the most significant - certainly the most humanizing - development in our health care system that I have seen in 40 years of reporting and editing." 30

NOTES

1. Paul Schurge, "Hospice: A Concept of Care," Newspaper article, May 19, 1980.
2. Ibid.
3. Gloria Broman, Executive Director, Benton Hospice, Inc., personal interview, February 1981.
4. Introduction, 'A Hospice Handbook', Edited by Michael Hamilton and Helen Reid, (Grand Rapids: Eerdmans Publishing Co.), p. ix.
5. Sarah Burger RN, "Three Approaches to Patient Care: Hospice, Nursing Homes, and Hospitals," in 'A Hospice Handbook', p. 140.
6. Kenneth P. Cohen, 'Hospice' (Germantown, MD: Aspen Septems Corp., 1979, p. 9.
7. R. W. Luxton MD, "The modern hospice and its challenge to medicine," British Medical Journal, September 8 1979, p. 583.
8. Ibid.
9. Cohen, p. 2; again p. 3.
10. Burger, p. 134.
11. Cicely Saunders, St. Christopher's Hospice, London, "Hospice Care", American Journal of Medicine, November 1978, p. 726.
12. Brochure, Benton Hospice, Inc., Corvallis, Oregon.
13. Sandol Stoddard, 'The Hospice Movement', (Briar Cliff Manor, N.Y., Stein and Day), 1978; p. 126.
14. Neil Hollander, "Experts probe issues around hospice care," Hospitals, June 1 1980, p. 63.
15. Stoddard, p. 148. (see also pp. 3 and 3).
16. Ibid., p. 188
17. "Secretary Califano Pledges Support for Hospice Movement," Aging, November-December 1978, p. 20.
18. John Abbott, "Hospice," Aging, November-December, 1978, p. 40.

19. S. G. Barber, letter to editor, *Journal American Medical Association*, October 19 1979, p. 1736.
20. Cohen, p. 68.
21. Mary Ann Cleary RN, "Experts probe issues around hospice care," *Hospitals*, June 1 1980, p. 65.
22. Barber, p. 1736.
23. J. P. Callan MD, "The Hospice Movement," *Journal American Medical Association*, February 7, 1979, p. 600.
24. Stoddard, pp. 91-97.
25. Louis F. Valentour, "Hospice design keyed to program goals," *Hospitals*, February 16 1980, p. 140.
26. Saunders, p. 726.
27. Luxton, p. 584.
28. Abbott, p. 40.
29. Stoddard, p. 14.
30. James D. White, Retired Associated Press Correspondent and Editor, personal letter to Marin Hospice, November 1979.

COMMAND AND GENERAL STAFF COURSE
WRITING SKILLS

<u>RATING ELEMENT</u>	<u>RATING SCALE</u>				
	1	2	3	4	5
Diction		unsatisfactory			satisfactory
Mechanics	1	2	3	4	5
Sentence Structure	1	2	3	4	5
Paragraphing	1	2	3	4	5
Organization	1	2	3	4	5
Subject Selection	1	2	3	4	5
Topic Restriction	1	2	3	4	5
Editing	1	2	3	4	5

Objective: Exhibit correctly the principles of good diction, effective mechanics, sound sentence structure, coherent paragraphing, and comprehensive organization and apply the principles of subject selection, topic restriction, and effective editing.

Author: DONALD B. EASON, CHAPLAIN (O4)

Grader: _____

GO NO-GO S. DATE 13 APR

— — Date: _____

ACN #
38288